

COMMONWEALTH OF KENTUCKY
TREY GRAYSON
SECRETARY OF STATE



APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of KRS Chapter 275, the undersigned hereby applies for an amended certificate of authority to transact business in Kentucky on behalf the limited liability company named below and for that purpose submits the following statements:

1. _____
(Name of limited liability company or fictitious name adopted for use in Kentucky)

is a limited liability company organized and existing under the laws of the state or country of _____, and received authority to transact business in Kentucky on _____.

2. The limited liability company's name in its state or country of organization has been changed to _____.

The name of the limited liability company to be used in Kentucky is _____.

(if "real name" is unavailable for use)

3. The latest date on which the limited liability company is to dissolve has been changed to _____.

4. The limited liability company's state or country of organization has been changed to _____.

5. This application will be effective upon filing, unless a delayed effective date and/or time is specified:

(Delayed effective date and/or time)

I certify that, as of the date of filing this amended certificate of authority, the above-named limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

Signature

Type or Print Name & Title

Date: _____, 20____

Application for Amended Certificate of Authority Filing Instructions

LIMITED LIABILITY COMPANY NAME, STATE OF ORGANIZATION AND DATE OF AUTHORITY

Use the exact name of the limited liability company or the fictitious name adopted if "real name" was unavailable for use when the limited liability company applied for authority to transact business in Kentucky.

Indicate the state or country of organization and the date that the limited liability company was first authorized to transact business in Kentucky.

CHANGE OF LIMITED LIABILITY COMPANY NAME

The company name as changed must contain the words "limited liability company" or "limited company" or the abbreviations "LLC" or "LC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The company must state the "real name" as changed in the state or country in which it is organized. If the "real name" as changed is unavailable for use in Kentucky, the company must adopt a fictitious name for use in this state and attach a certificate of fictitious name executed by an authorized person.

DISSOLUTION DATE

An amended certificate of authority is required if the limited liability company has changed its date of dissolution.

CHANGE OF STATE OF ORGANIZATION

An amended certificate of authority is required if the limited liability company has changed its state or country of organization.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. A delayed effective date may not be later than the 90th day after the date of filing.

WHO MAY SIGN

If management of the limited liability company is vested in one or more managers, a manager must sign the application. If management is reserved to the members, a member must sign the application. The person executing the document must state his or her title or capacity in which he or she signs.

NUMBER OF COPIES

Submit the original signed application and two exact or conformed copies. (May be photocopies.) Two file-stamped copies will be returned to the limited liability company as evidence of filing. One file-stamped copy must be filed with the county clerk of the county in which the limited liability company's registered office is situated.

NOTE: Your file-stamped copy shall serve as the Amended Certificate of Authority.

FILING FEES

The filing fee is \$40.00.

Your check should be made payable to the "Kentucky State Treasurer".

MAILING ADDRESS

Trey Grayson
Secretary of State
P O Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601

WEB SITE ADDRESS

Our home page address is: [//www.sos.state.ky.us](http://www.sos.state.ky.us)

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2 and then press 6 or try our web site.

NOTE: The limited liability company must be in "good standing" upon the records of the Secretary of State before current statements or documents can be filed (30 KAR 1:010).